IN RE Cole, Twayne K. Sr. & Cole, Sherri L.

Case No. 10-02358

Debtor(s)

(If known)

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

	ica, state the amount of any exer				
DESCRIPTION AND LOCATION OF PR	ROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
4238 Kamane Road			J	80,000.00	52,400.00
Anahola, HI 96703				222 222 22	255 000 00
5172 Kome Street Kapaa, HI 96746			J	333,000.00	355,000.00
^					
				2	
	*				
*					
				·	
	2				
	× 1				

TOTAL

413,000.00

(Report also on Summary of Schedules)

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Debtor(s)

(If known)

#### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by some one else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1	Cash on hand.	X			
2	Checking, savings or other financial		ASB Checkings Acct	J	3,241.99
	accounts, certificates of deposit or shares in banks, savings and loan,		ASB Savings Acct	J	847.80
	thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		KCFCU Checkings Acct	H	143.16
3	Security deposits with public utilities, telephone companies, landlords, and others.	X			,
4	Household goods and furnishings, include audio, video, and computer equipment.		4 tv's, beds, dressers, computer	J	1,500.00
5	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6	Wearing apparel.		Clothing and shoes	J	300.00
7.	Furs and jewelry.		Jewelry	W	800.00
8.	Firearms and sports, photographic, and other hobby equipment.	Х			
9.	Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10.	Annuities. Itemize and name each issue.	Х			
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Hawaii Carpenters 401(K)		249,908.39
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	х			
14.	Interests in partnerships or joint ventures. Itemize.	X			

Debtor(s)

(If known)

# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

			k k	_	
	TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15.	Government and corporate bonds and other negotiable and non-negotiable instruments.	Х			
16.	Accounts receivable.	X			
17.	Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	Х			, , , , , , , , , , , , , , , , , , ,
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			e V
19.	Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			н
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22.	Patents, copyrights, and other intellectual property. Give particulars.	Х			
23.	Licenses, franchises, and other general intangibles. Give particulars.	Х			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.		1999 Chevy Tracker 2003 Nissan Frontier Truck	J	1,450.00 6,675.00
			2007 Mazda3	J	11,715.00
26.	Boats, motors, and accessories.	1 1	16 Foot Boat 10 Foot Boat	J	100.00
27	Aircraft and accessories.	x			
	Office equipment, furnishings, and	x			
	supplies.  Machinery, fixtures, equipment, and	x			
	supplies used in business.				
30.	Inventory.	X			
31.	Animals.	X			
32.	Crops - growing or harvested. Give particulars.	X			

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Case No. 10	0-02358
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Debtor(s)

(If known)

# CHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
<ul> <li>33. Farming equipment and implements.</li> <li>34. Farm supplies, chemicals, and feed.</li> <li>35. Other personal property of any kind not already listed. Itemize.</li> </ul>	XXXX			
		то	TAL	276,681.34

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

SIC

0 continuation sheets attached

Case	NIA	40	022	250
Case	INO.	10-	UZ.	,50

Debtor(s)

(If known)

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

Check if debtor claims a homestead exemption that exceeds \$146,450. \*

11 U.S.C. § 522(b)(2)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
SCHEDULE A - REAL PROPERTY			
238 Kamane Road	11 USC § 522(d)(5)	84.04	90,000.0
Anahola, HI 96703	11 USC § 522(d)(5)	14,773.17	
SCHEDULE B - PERSONAL PROPERTY ASB Checkings Acct	11 USC § 522(d)(5)	3,241.99	3,241.9
ASB Savings Acct	11 USC § 522(d)(5)	847.80	847.8
(CFCU Checkings Acct	11 USC § 522(d)(5)	143.16	143.1
tv's, beds, dressers, computer	11 USC § 522(d)(3)	1,500.00	1,500.0
Clothing and shoes	11 USC § 522(d)(3)	300.00	300.0
lewelry	11 USC § 522(d)(4)	800.00	800.0
lawaii Carpenters 401(K)	11 USC § 522(d)(12)	249,908.39	249,908.3
999 Chevy Tracker	11 USC § 522(d)(12)	1,450.00	1,450.0
2003 Nissan Frontier Truck	11 USC § 522(d)(2) 11 USC § 522(d)(5)	5,450.00 1,225.00	6,675.0
007 Mazda3	11 USC § 522(d)(2) 11 USC § 522(d)(5)	1,450.00 2,084.84	11,715.0
6 Foot Boat 0 Foot Boat	11 USC § 522(d)(5)	100.00	100.0
-			
·			

<sup>\*</sup> Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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Debtor(s)

(If known)

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent precticable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim With out Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

		_				_	_		
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)		CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 140834820	T		J	2nd Mtg 2005	T			75,000.00	
BAC Home Loans Servicing, LP P.O. Box 515504 Los Angeles, CA 90051-6804				5172 Kome Street Kapaa, HI 96746					
				VALUE \$ 333,000.00					
ACCOUNT NO.				Assignee or other notification for:					
Routh Crabtree Olsen 900 Fort Street Mall, Suite 305 Honolulu, HI 96813				BAC Home Loans Servicing, LP					
*				VALUE \$					
ACCOUNT NO. 112317737			J	1st Mtg 2005				280,000.00	22,000.00
BAC Home Loans Servicing, LP P.O. Box 515504 Los Angeles, CA 90051-6804				5172 Kome Street Kapaa, HI 96746					
				VALUE \$ 333,000.00	1				
ACCOUNT NO. 42594919			Н	Auto Loan 2007				8,180.16	
Mazda American Credit P.O. Box 54200 Omaha, NE 68154-8000				2007 Mazda3  VALUE \$ 11,715.00					
1 continuation sheets attached				(Total of th	Sub			\$ 363,180.16	\$ 22,000.00
• continuation sheets attached				(Total of tr		age Fota		p 303,100.10	φ <b>22</b> ,000.00
				(Use only on la				\$	\$
								(Report also on Summary of Schedules.)	(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

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Debtor(s)

(If known)

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

				(Continuation Sheet)					
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	иолиниос	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 0109099250	$\Box$		J	Mtg on 4238 Kamane Road, Anahola HI				52,400.00	
Territorial Savings Bank 4393 Kukui Grove Street Lihue, HI 96766				96703 1994					
		-	-	VALUE \$ 80,000.00	+	-			
ACCOUNT NO.									
				VALUE \$					7
ACCOUNT NO.	П				1	T			1947
				VALUE \$					, i
ACCOUNT NO.	П	7		-					
				VALUE \$					
ACCOUNT NO.		7			T	T			
				VALUE \$					
ACCOUNT NO.		7			T	Ī			
				VALUE \$					
Sheet no. 1 of 1 continuation sheets at	ache	d t	0		Su	otot	al	e E0 400 00	Φ.
Schedule of Creditors Holding Secured Claims				(Total of t		page Tot		\$ 52,400.00	\$
				(Use only on	ast	page	e)	\$ 415,580.16	
								(Report also on Summary of	(If applicable, report also on Statistical

Schedules.)

Summary of Certain Liabilities and Related Data.)

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Case No. 10-02358

Debtor(s)

(If known)

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Code tors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

lis	Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the to listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily the Statistical Summary of Certain Liabilities and Related Data.	
<b>√</b>	Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule	e E.
T	TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached	d sheets)
	Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debte responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been as U.S.C. § 507(a)(1).	or, or the parent, legal guardian, or signed to the extent provided in 11
	Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).	ne case but before the earlier of the
	Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and independent sales representatives up to \$1,725* per person earned within 180 days immediately preceding the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).	d commissions owing to qualifying filing of the original petition, or the
	Contributions to employee benefit plans  Money owed to employee benefit plans for services rendered within 180 days immediately preceding the fil cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).	ing of the original petition, or the
	Claims of certain farmers and fishermen. Up to \$5,775* per farmer or fisherman, against the debtor, as provided	d in 11 U.S.C. § 507(a)(6).
	Deposits by individuals Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for pers were not delivered or provided. 11 U.S.C. § 507(a)(7).	onal, family, or household use, that
	Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.	S.C. § 507(a)(8).
	Commitments to Maintain the Capital of an Insured Depository Institution  Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Office Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository.	e Currency, or Board of Governors institution. 11 U.S.C. § 507 (a)(9).
	Claims for Death or Personal Injury While Debtor Was Intoxicated  Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was drug, or another substance. 11 U.S.C. § 507(a)(10).	vas intoxicated from using alcohol,
	* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after	the date of adjustment.
	o continuation sheets attached	

Debtor(s)

(If known)

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)		HUSBAND, WIFE, JOINT,	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	DISPUTED	AMOUNT OF CLAIM			
ACCOUNT NO. 3725400390022004		J	Credit Card 1999					
American Express 200 Vesey Street, 44th Floor New York, NY 10285					32,300.00			
ACCOUNT NO.			Assignee or other notification for:					
NCO Financial Systems P.O. Box 15773 Wilmington, DE 19850-5773			American Express					
ACCOUNT NO. 4888-9000-1134-0957		Н	Credit Card 2003					
Bank Of America P.O. Box 301200 Los Angeles, CA 90030-1200					19,000.00			
ACCOUNT NO. 5179-5212-0038-2983		w	Credit Card 2007		, , , , , , , , , , , , , , , , , , , ,			
Bankcard Center First Hawaiian Bank P.O. Box 1959 Honolulu, HI 96805					2,100.00			
4 continuation sheets attached	Subtotal (Total of this page) \$ 53,40							
	Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical							

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Summary of Certain Liabilities and Related Data.) \$

Debtor(s)

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		(	Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. H134476217		w	Medical Bill March 2010	T	Г	П	
Hawaii Pacific Health P.O. Box 30660 Honolulu, HI 96820-0660							70.00
ACCOUNT NO. H133155135		w	Medical Bill January 2010		Г	П	
Hawaii Pacific Health P.O. Box 30660 Honolulu, HI 96820-0660							63.00
ACCOUNT NO. H133188649		w	Medical Bill January 2010		T	П	
Hawaii Pacific Health P.O. Box 30660 Honolulu, HI 96820-0660							63.00
ACCOUNT NO. P600068359	+	J	Medical Bill 2008	$\dagger$	-	H	33.33
Hawaii Pacific Health P.O. Box 30670 Honolulu, HI 96820-0670							
ACCOUNT NO. <b>P60016491</b>	+	Н	Medical Bill 2008	+	$\vdash$	Н	21.50
Hawaii Pacific Health P.O. Box 30670 Honolulu, HI 96820-0670							
ACCOUNT NO. <b>H136608536</b>		w	Medical Bill May 2010	$\perp$	H	H	11.00
Hawaii Pacific Health P.O. Box 30660 Honolulu, HI 96820-0660							52.00
ACCOUNT NO. <b>H136511144</b>	+	w	Medical Bill May 2010.	+	H	H	53.00
Hawaii Pacific Health P.O. Box 30660 Honolulu, HI 96820-0660							
Sheet no. 1 of 4 continuation sheets attached	ed to			Sub	tot	al	121.00
Schedule of Creditors Holding Unsecured Nonpriority Cl	aims		(Total of	this p	oage	e)	\$ 402.50
			(Use only on last page of the completed Schedule F. Repo the Summary of Schedules, and if applicable, on the	rt als		on	d.

U.S. Bankruptcy Court - Hawaii #10-02358 Dkt # 12-2 Filed 09/08/10 Page 10 of 18

Summary of Certain Liabilities and Related Data.) \$

Debtor(s)

(If known)

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

			(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODERTOR	HUSBAND, WIFE, JOINT,	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>H136115219</b>		w	Medical Bill April 2010	$\dagger$	Н	П	
Hawaii Pacific Health P.O. Box 30660 Honolulu, HI 96820-0660							50.00
ACCOUNT NO. 5452		J	Credit Card 2000	$\vdash$		$\mathbf{H}$	50.00
HSBC Bank GMAC PO Box 81622 Salinas, CA 93912							13,000.00
ACCOUNT NO.			Assignee or other notification for:	П			
United Recovery Systems, Lp P.O. Box 722929 Houston, TX 77272-2929			HSBC Bank				
ACCOUNT NO. <b>1249435 LB2</b>		J	Medical Bill 2008	H		+	
Kauai Medical Clinic Billing Dept. 3-3420B Kuhio Highway Lihue, HI 96766							485,00
ACCOUNT NO.		T	Assignee or other notification for:	H		+	405.00
Pacific Medical Collections Inc 33 South King St #505 Honolulu, HI 96813			Kauai Medical Clinic				
ACCOUNT NO. 000203		Н	Dental Bill 2008	Н	+	+	
Keith Y. Uyehara DDS Cathy Tsunehiro DDS Inc 3135 Akahi Street Suite D Lihue, HI 96766							460.00
ACCOUNT NO. <b>2099593</b>		Н	Medical Bill 2008	H	+	+	460.00
Nco Financial Systems Inc. 1003 Bishop Street Suite 480 Honolulu, HI 96813-6413							
Sheet no. 2 of 4 continuation sheets attach	ed to	<u></u>		Subt	ota	+	102.11
Schedule of Creditors Holding Unsecured Nonpriority C			(Total of the	is pa	ige ota	1 4	14,097.11
			(Use only on last page of the completed Schedule F. Repor the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relate	atist	ica	1	5

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Debtor(s)

(If known)

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		(	Continuation Sheet)					
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	I'MI IOI IIDA TED	DISTITED	DISPUIED	AMOUNT OF CLAIM
ACCOUNT NO.			Assignee or other notification for:	$\top$	T	†	T	
Clinical Labs Of Hawaii, LLP 33 Lanihuli St Hilo, HI 96720		54	Nco Financial Systems Inc.					
ACCOUNT NO. 1152254 LB2		w	Medical Bill 2009	+	-	+	+	
Pacific Medical Collections Inc 33 South King St #505 Honolulu, HI 96813								40.66
ACCOUNT NO. 1151816 LB2		Н	Medical Bill 2009		t	+	t	10.00
Pacific Medical Collections Inc 33 South King St #505 Honolulu, HI 96813								
ACCOUNT NO. 1166132 LB2		J	Medical Bill 2009		-	+	+	7.43
Pacific Medical Collections Inc 33 South King St #505 Honolulu, HI 96813								
ACCOUNT NO. 1166013 LB2	-+	w	Medical Bill 2009	+	H	+	+	7.10
Pacific Medical Collections Inc 33 South King St #505 Honolulu, HI 96813			inicalisati Din 2000					
ACCOUNT NO. 1166903 LB2		Н	Medical Bill 2009	-	L	+	-	25.72
Pacific Medical Collections Inc 33 South King St #505 Honolulu, HI 96813								
ACCOUNT NO. <b>43678</b>		Н	Medical Bill 2008	+	L	+	+	10.78
Samuel Mahelona Memorial Hospital 4800 Kawaihau Road Kapaa, HI 96746								
								40.05
Sheet no3 of4 continuation sheets attaches schedule of Creditors Holding Unsecured Nonpriority Cla			(Total of	-	ag	e)	\$	131.74
			(Use only on last page of the completed Schedule F. Rep		o c			

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the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

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Case	No.	10-	0	23	58

Debtor(s)

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

		(	Continuation Sheet)		_		
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 47985		W	Medical Bill 2009				
State Of Hawaii Dept. Of Attorney General 425 Queen Street, Room 212 Honolulu, HI 96813							41.32
ACCOUNT NO.			Assignee or other notification for:				
Samuel Mahelona Memorial Hospital 4800 Kawaihau Road Kapaa, HI 96746			State Of Hawaii				
ACCOUNT NO.		-		T			11
ACCOUNT NO.							
ACCOUNT NO.				t			
•							
ACCOUNT NO.							
9							
ACCOUNT NO.							
Sheet no. 4 of 4 continuation sheets at a Schedule of Creditors Holding Unsecured Nonpriority			(Total of t		age	)	\$ 41.32
			(Use only on last page of the completed Schedule F. Reported Summary of Schedules, and if applicable, on the Schedules, and if applicable, on the Schedules, and if applicable, on the Schedules, and if applicable, or the Schedules of Schedules and Schedules of Sched	t als	Tota o o stica	n	c 68 072 67

Summary of Certain Liabilities and Related Data.) \$ 68,072.67

Debtor(s)

(If known)

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☑ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLU OF OTHER PARTIES TO LEASE OR		DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
	,	

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IN RE Cole, Twayne K. Sr. & Cole, Sherri L.

Case No. 10-02358

Debtor(s)

(If known)

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF COD	EBTOR	NAME AND ADDRESS OF CREDITOR

Debtor(s)

(If known)

### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22D.

Debtor's Marital Status			DEPENDENTS OF DEBTOR AND SPOUSE							
Married		Daugh	ONSHIP(S): ter -Daughter				AGE(S) 19 2	:		
EMPLOYMENT:			DEBTOR			SPOUSE				
Occupation Name of Employer How long employed Address of Employer	Carpenter Shioi Constru 20 years 98-724 Kuaha Pearl City, HI	o Place	ba Creative Partition Sy							
INCOME: (Estima	te of average or	project	ed monthly income at time case filed)			DEBTOR		SPOUSE		
1. Current monthly	gross wages, sa		d commissions (prorate if not paid month	hly)	\$	6,866.26				
2. Estimated monthl	y overtime				\$		\$			
3. SUBTOTAL					\$	6,866.26	\$	0.00		
4. LESS PAYROLL										
a. Payroll taxes an	d Social Securi	ty			\$			***************************************		
b. Insurance					\$		\$	The state of the s		
<ul><li>c. Union dues</li><li>d. Other (specify)</li></ul>	Working Due	.			\$	024.50	\$			
u. Other (specify)	Union Vac	75			\$	836.38				
5. SUBTOTAL OF		EDUC	ΓIONS		\$	2,936.49		0.00		
6. TOTAL NET M	ONTHLY TAI	ке но	ME PAY		\$	3,929.77	-	0.00		
7 Regular income fi	om operation o	of busine	ess or profession or farm (attach detailed	statement)	2		¢			
8. Income from real	property	ousine	ess or profession or farm (attach detailed	statement)	\$		\$ 			
9. Interest and divide	ends				\$		\$			
<ol><li>Alimony, mainte that of dependents li</li></ol>	nance or suppo sted above	rt paym	ents payable to the debtor for the debtor	's use or	\$		\$			
11. Social Security of										
(Specify)	***************************************				\$		\$	***************************************		
12. Pension or retire	mont income			***************************************						
13. Other monthly in					\$	THE PARTY OF THE P	\$	***************************************		
(Specify) <b>Unempl</b>	oyment Compe	ensatio	n				\$	1,856.00		
WAS CONTRACTED AND ADDRESS OF THE PARTY OF T	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				\$	***************************************	\$			
-					\$		\$	***************************************		
14. SUBTOTAL O	F LINES 7 TH	ROUG	H 13		\$	0016005900111000000000000000000000000000	\$	1,856.00		
15. AVERAGE MO	NTHLY INC	OME (A	Add amounts shown on lines 6 and 14)		\$	3,929.77	\$	1,856.00		

\$ 5,785.77

**16. COMBINED AVERAGE MONTHLY INCOME**: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: **None** 

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Case No. 10-02358

Debtor(s)

(If known)

### SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. I quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from on Form22A or 22C.	Prorate any paymen the deductions from	ts made biweekly, n income allowed
Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Comexpenditures labeled "Spouse."	iplete a separat	te schedule of
<ol> <li>Rent or home mortgage payment (include lot rented for mobile home)</li> <li>a. Are real estate taxes included? Yes ✓ No</li> </ol>	\$	2,459.00
b. Is property insurance included? Yes 🗸 No		
2. Utilities:		
a. Electricity and heating fuel	\$	525.00
b. Water and sewer	\$	50.00
c. Telephone	\$	
d. Other Cable TV	<u> </u>	180.00
Cell Phone	\$ \$	170.00 100.00
3. Home maintenance (repairs and upkeep) 4. Food	\$	1,000.00
5. Clothing	\$	100.00
6. Laundry and dry cleaning	\$	50.00
7. Medical and dental expenses	\$	148.00
8. Transportation (not including car payments)	\$	300.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	
10. Charitable contributions	\$	
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	***************************************
b. Life	\$	***************************************
c. Health	\$	447.75
d. Auto e. Other	Φ	147.75
e. Other	\$	
12. Taxes (not deducted from wages or included in home mortgage payments)	Ψ	
(Specify)	\$	
	\$	
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	253.08
b. Other Student Loan	\$	170.00
	\$	***************************************
14. Alimony, maintenance, and support paid to others	\$	
15. Payments for support of additional dependents not living at your home	\$	
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	400.00
17. Other Baby Expenses	\$	120.00
	\$	***************************************
	\$	***************************************
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, i	f	
applicable, on the Statistical Summary of Certain Liabilities and Related Data.	\$	5,772.83
19. Describe any increase or decrease in expenditures anticipated to occur within the year following the fill <b>None</b>	ing of this docu	ment:
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly expanses from Line 15 of Schedule I	\$	5,785.77
b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.)	\$	5,772.83
c. Froming net meome (a. minus 0.)	\$	12.94

Case	No	10-	.02358	3

Debtor(s)

(If known)

### DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I hat true and correct to the best of my knowled		ary and schedules, consis	sting of	19 sheets, and that they are
D	dyn	W R		
Date: August 11, 2010	\$ignature: /s/Twayne K. Col Twayne K, Cole, \$		**************************************	Debtor
5	Sheri.	I Cale		
Date: August 11, 2010	\$ignature: /s/ Sherri L. Cole Sherri L. Cole		######################################	(Joint Debtor, if any)
	Gildin Er seis		[If joint ca	ase, both spouses must sign.]
DECLARATION AND SIGNATU	RE OF NON-ATTORNEY BAN	KRUPTCY PETITION P	REPARER (S	See 11 U.S.C. § 110)
I declare under penalty of perjury that: (1) I compensation and have provided the debtor w and 342 (b); and, (3) if rules or guidelines habankruptcy petition preparers, I have given the any fee from the debtor, as required by that se	ith a copy of this document and the ve been promulgated pursuant to debtor notice of the maximum are	he notices and information of 11 U.S.C. § 110(h) setting	n required under ng a maximum	er 11 U.S.C. §§ 110(b), 110(h), a fee for services chargeable by
Printed or Typed Name and Title, if any, of Bankrup	tcv Petition Preparer	Soc	cial Security No.	. (Required by 11 U.S.C. § 110.)
If the bankruptcy petition preparer is not an responsible person, or partner who signs the a	individual, state the name, title			
		none.		
Address				
Signature of Bankruptcy Petition Preparer		Dat	te	
Names and Social Security numbers of all othe is not an individual:	r individuals who prepared or ass	isted in preparing this docu	iment, unless t	he bankruptcy petition preparer
If more than one person prepared this docume	ant, attach additional signed shee	ets conforming to the appro	opriate Officio	al Form for each person.
A bankruptcy petition preparer's failure to con imprisonment or both. 11 U.S.C. § 110; 18 U	nply with the provision of title 11 S.C. § 156.	and the Federal Rules of	Bankruptcy P	rocedure may result in fines or
DECLARATION UNDER PE	NALTY OF PERJURY ON I	BEHALF OF CORPORA	ATION OR I	PARTNERSHIP
I, the	(the preside	ent or other officer or an	authorized a	agent of the corporation or a
member or an authorized agent of the part (corporation or partnership) named as debaschedules, consisting of sheets knowledge, information, and belief.	tor in this case, declare under	r penalty of perjury that		
Date:	Signature:			
	*			
			(Print or type	name of individual signing on behalf of debtor)
[An individual signing on beha	f of a partnership or corpora	tion must indicate positi	ion or relatic	onship to debtor.]
Penalty for making a false statement or conce	aling property: Fine of up to \$500,00	00 or imprisonment for up to 5	years or both.	18 U.S.C. §§ 152 and 3571.

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